



Form GSOP 1-PIN (04/98)

STATE OF CALIFORNIA
Department of General Services - Office of Procurement

PURCHASE ORDER

Page 1

Purchase Order No. Rev. Date
62193 9/20/2008

Supplier No. 797663	Solicitation No. 57024	Delivery Date 60 Days ARO	FOB Point Destination	Invoice Terms
S COALINGA STATE HOSPITAL h 24511 WEST JAYNE AVENUE i COALINGA, CA 93210 p 		C COALINGA STATE HOSPITAL h ACCOUNTS PAYABLE a PO BOX 5001 t COALINGA CA 93210-5001 r o g e		
Agency Billing 49125	Agency Purchase Estimate 06070008	Purchase Estimate 67267	Revision 1	
Agency Contact RAY ARVISO		Phone 559-934-3653	Date Received	

LIVERMORE SCIENTIFIC INC
2828 COCHRAN ST #338
SIMI VALLEY, CA 93065
Attn: KEVIN K O'CONNOR

Phone: 800-794-8142

Item No.	Quantity	Unit	Commodity Code	Description	Unit Price	Extension
<p>THE GENERAL PROVISIONS FOR NON-IT COMMODITIES ARE HEREBY INCORPORATED BY REFERENCE. THESE GENERAL PROVISIONS CAN BE OBTAINED BY PHONING (916) 375-4400 OR BY ACCESSING OUR WEBSITE AT: www.documents.dgs.ca.gov/pd/modellang/GPnonIT0407.pdf</p> <p>THE FOLLOWING INFORMATION IS PROVIDED FOR AGENCY USE ONLY: PRIME CONTRACTOR: SB/DVBE FISCAL YEAR: 2007/2008</p>						
1	2	EA	6510-999-9910-9	DISPENSER MEDICAL (AS DESCRIBED) PACKAGING SYSTEM, MEDICATIONS WITH BARCODING AS DESCRIBED MEETING THE REQUIREMENTS OF THE ATTACHED SPECIFICATION # 6530-0182 OF ONE (1) PAGE DATED JULY 7, 2008, WITH ADDITIONAL LOWER PACKING UNIT.	173,995.0000	347,990.00
Brand: AUTOMED TECHNOLOGIES Model: FASTPAK EXP256/64SN					Total Value: 347,990.00	
<p>ATTACHMENTS</p> <p>THE FOLLOWING ATTACHED DOCUMENTS ARE PART OF THIS SOLICITATION: 1. SPECIFICATIONS # 6530-0182 OF ONE (1) PAGE, DATE JULY 7, 2008. 2. SECURITY CLEARANCE FORM</p> <p>F.O.B. DESTINATION</p> <p>For the purpose of this order only F.O.B. Destination will be accepted.</p>						

Sales and/or use tax to be extra unless noted above

Buyer LONNIE WILLIAMS	Phone 916-375-4586	BOC Number
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Department of General Services - Office of Procurement

Form GSOP 2-PIN (04/98)

Page 2 (Last)

Item No.	Quantity	Unit	Commodity Code	Description	Unit Price	Extension
<p><u>DELIVERY REQUIREMENTS</u></p> <p>Delivery time will be 60 days ARO.</p> <p>Deliver to: Coalinga State Hospital 24511 West Jayne Avenue Coalinga, CA 93210 Contact: Ray Arviso Phone: (559) 934-3653</p> <p>Please contact agency seven (7) days prior to delivery to make arrangements for delivery.</p> <p>Delivery to be made during normal business hours, Monday - Friday, from 8:00 AM to 3:30 PM. except State Holidays.</p> <p><u>INSTALLATION REQUIREMENTS</u></p> <p>The vendor will be required to unpack and set the material in place as directed, remove all dunnage and instruct agency operating personnel in its use.</p> <p><u>WARRANTY</u></p> <p>The warranty shall start after the acceptance of the system. The system shall be covered by the warranty for a minimum of one (1) year. This one year requirement may require that the contractor extends manufacturers standard warranty.</p> <p>The warranty shall include all parts and labor incurred by the contractor to maintain the system in new condition. The cost of labor shall include travel and per diem.</p> <p><u>VENDOR TO PROVIDE MANUALS</u></p> <p>Vendor shall provide, upon request by the State, a copy of necessary functional manuals, adjustment manuals, schematic diagrams and parts catalogues. Parts for equipment are to be available for each model and available for purchase by that no greater cost than published list prices.</p> <p><u>AWARD DATE</u></p> <p>This purchase order is being awarded on September 22, 2008 pursuant to Government Code Section 13332.17. Any encumbrances made pursuant to this purchase order shall be construed to have been made on the last day of the preceding fiscal year.</p> <p><u>AWARD DATE</u></p> <p>This Purchase order has been registered into the state contract and procurement registration system (https://www.scprs.dgs.ca.gov/). The registration number is 44400908333874.</p> <p><u>CHANGE ORDERS</u></p> <p>This Purchase Order may be amended, modified, or terminated at any time by mutual agreement of the parties in writing. Change orders amending, modifying or terminating the Purchase Order, including any modifications of the compensation payable may be issued only by the State Procurement Officer. All such change orders shall be in writing and issued only upon written concurrence of the supplier. Termination, as that term is used in this section, does not include termination for default of the supplier.</p>						



STATE OF CALIFORNIA
BID SPECIFICATION
PACKAGING SYSTEM, MEDICATIONS WITH BARCODING

6530-0182

1 SCOPE

This document describes a High Speed Unit Dose Pharmaceutical Dispensing System (The System) for Coalinga State Hospital.

2 APPLICABLE SPECIFICATIONS / STANDARDS / CODES

Specifications, standards and codes referenced in this document in effect on the opening of the 'Invitation For Bid', form a part of this specification.

3 REQUIREMENTS

3.1 THE SYSTEM SHALL:

- 3.1.1 Be equipped with equal to or greater than 320 canister capacity.
- 3.1.2 Accept other canisters that are not in the program for temporary use.
- 3.1.3 Be equipped with manufacturer-calibrated canisters prior to delivery.
- 3.1.4 Dispense unit dose package at the rate of equal to or greater than 60 packs per minute and multi-dose package at the rate of equal to or greater than 45 packs per minute.
- 3.1.5 Print a minimum of 9 lines of text onto the package to include but is not limited to facility name, patient name, drug information, administration time and date, lot number, expiration date.
- 3.1.6 Print "Bar coding" on each package in addition to the text.
- 3.1.7 Provide reports that include but is not limited to the number doses packaged by drug and total doses per day, remaining inventory by drug per day.
- 3.1.8 Read bar coding to prevent errors when refilling canisters by reading canister bar code and bulk drug container bar code, count by weight with a scale for the purpose of filling canisters and interface with and update inventory data system.
- 3.1.9 Be equipped with a manual medicine tray with indicators adjacent to medication locations for unusual doses i.e. "Half pills".
- 3.1.10 Be equipped with hardware and software to interface with the Coalinga State Hospital software system that is base on Microsoft SQL.
- 3.1.11 Fit through a 35" x 80" door. Coalinga State Hospital will not do structural modifications to accommodate installation.

REQUEST FOR FACILITY ENTRANCE☐ Check if Urgent

Requester: Ray Arviso	Title: PSM	Phone: 934-3653	Date:
Program/Department: Pharmacy		Unit:	

SECTION 1 *To be completed by Requester*

Name of Visitor:	Agency:	Title:		
Date Of Birth:	Drivers License Number:	Social Security Number:		
Date of Arrival:	<input type="checkbox"/> One Time <input type="checkbox"/> Multiple (List Dates)	Requested Level of Access (circle one): <table border="1"> <tr> <td>YELLOW (No Escort)</td> </tr> <tr> <td>GREEN Escort)</td> </tr> </table>	YELLOW (No Escort)	GREEN Escort)
YELLOW (No Escort)				
GREEN Escort)				
Time of Arrival:				
Purpose of Entry:				
Relationship with any CSH Patient? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, Name of Patient:		Relation:		

☐ Check if Visitor has been APPROVED within the Past 12 Months**SECTION 2** *To be completed by Hospital Administrator (or designee)*

Date Received:	Signature:	Authorization Number:
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SECTION 3 *To be completed by the Department of Police Services*

Date of Authorization:	Recommend: APPROVE DISAPPROVE (Attach CLETS)	Signature:
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SECTION 4—Authorization *To be completed by Executive Director (or designee)*

Signature:	Date:
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Approval/Disapproval notice to Requester	Update List of Approved Visitors
Date Completed:	Date Completed: